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Risk or Protective Factor? Marianismo as a Determinant of Mexican Women's Mental and Reproductive Health

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Abstract

Women's mental health in Mexico is profoundly influenced by marianismo, a traditional ideal exalting the "perfect mother" as selfless and sacrificial. This article analyzes marianismo's paradoxical impact as a risk or protective factor on Mexican women's mental and reproductive health. As a risk factor, its demand for self-denial is linked to high mental health vulnerability, reflected in a prenatal depression prevalence of 20.3% in Mexico City. Furthermore, this ideal contributes to the high prevalence of obstetric violence, affecting up to one in three women. New evidence suggests that the persistence of this violence signals the inefficacy of current legal mechanisms for protecting women's autonomy. Conversely, marianismo acts as a protective factor in some contexts, fostering social legitimacy, belonging, and a crucial sense of life purpose, dimensions which are recognized as significant factors of resilience against mental distress. This duality highlights that the pillars of family and spirituality correlate with fulfillment, while chastity, silence, and subordination relate to higher rates of depression and anxiety. The analysis advocates for moving beyond the biomedical model toward culturally sensitive, decolonial healthcare strategies that mitigate the harmful extremes of marianismo while leveraging its community and resilience-enhancing dimensions.

Keywords: Marianismo, Mexico, Mental Health

In Latin America, the influence of Catholicism and colonial structures gave rise to a particular model of what it means to be a woman: marianismo, described as the set of values that promote the purity, self-denial, and sacrifice of women, in contrast to machismo as a masculine ideal (Stevens, 1973). This cultural construction is articulated around the figure of the

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Virgin Mary, a figure of the Catholic religion, a symbol of maternal and spiritual perfection, whose imitation has been transmitted generationally as a standard of feminine conduct. By 2020, 77.7% of the Mexican population identified as Catholic, equivalent to more than 97 million people (INEGI, 2020), illustrating the majority influence of the Catholic religion over other religions in Mexico today, and the importance of the image that this religion maintains on the general functioning of the community.

In Mexico, marianismo has deeply permeated social expectations toward women, particularly in their roles as mothers and caregivers. The demands for self-denial and absolute sacrifice have been linked to mental health issues such as postpartum depression, anxiety, and feelings of guilt associated with the inability to live up to the "maternal ideal." A study conducted in Durango, Mexico (Alvarado, 2010) on 210 postpartum women revealed that 13.3% presented postpartum depression according to the Edinburgh Postnatal Depression Scale, with associated factors such as low social support, pressure to meet family expectations, and a history of depression. Recent scholarship emphasises that the relevance of social and cultural conditions on mental health is undeniable, confirming that beliefs about maternity directly influence the medical care decisions and well-being of the patient (Flores-Ramos & Leff-Gelman, 2024). Furthermore, this cultural demand for submission exacerbates structural problems in reproductive health: Rodríguez (2024) highlights that obstetric violence, which often accompanies this institutionalised disrespect for women's autonomy, is directly linked to severe mental health complications and adverse reproductive outcomes. Rodríguez Bedón (2024) further notes that despite legal progress, the persistence of obstetric violence signals the inefficacy of current legal mechanisms for protecting women's rights in the Mexican health system.

However, marianismo itself has maintained a positive impact on the mental health of those women belonging to indigenous communities, where spirituality and a sense of community with specific roles provide them with a sense of belonging and usefulness to their core. A study in southern Mexican states (Ramírez, 2017) where a group of indigenous women were interviewed revealed that the role of caregivers and mothers is perceived as a source of pride and social legitimacy, in addition to highlighting that the community validates their efforts and does not see it as an external imposition. This protective function is indirectly supported by recent findings identifying perceived social support and life purpose as significant factors of resilience against mental distress in the Mexican population (Del Carpio et al., 2022).

Given the persistence and duality of this phenomenon, it is pertinent to approach it from a decolonial perspective, which allows us to understand how historical, religious, and social structures inherited from colonization

continue to shape women's mental and reproductive health. This approach opens the possibility of rethinking the relationship between culture and health, recognizing both the harmful effects of stereotypes and the community-based alternatives and traditional knowledge that can contribute to redefining women's experience.

The aim of this article is to analyse marianismo in Mexico as a historical and cultural construct, exploring its impact as a risk or protective factor on the mental and reproductive health of Mexican women, as well as its relevance in the contemporary context, in order to contribute to a critical understanding that guides new perspectives on gender-sensitive mental and reproductive health care.

Women Before and After Colonisation: The Development of Marianismo

The famous feminine enigma continues to be a topic of conversation, bringing with it years of history, where the big question remains: What is a woman? And what does it mean to be a woman?

Since the earliest historical records, women have played a role of purity, procreation, and subordination to male culture, a role that has been reinforced over the years. However, it should be noted that, prior to Spanish colonisation, indigenous communities adopted these roles of women and men as a divine gift, granting them a sense of belonging and integration into the community (Gálvez, 2006). After colonisation, this pure and divine vision of their work shifted toward the seizure of power and subordination, causing the community to be viewed more as a hierarchy in which the "strongest" exercised power over the "weakest" (Quijano, 2000).

During pre-colonial times, women were seen as rulers of the family unit, not because of their "power" over its members, but because of the divine nature of their responsibility as procreators of the human race; this was embraced as a treasure to be protected, honoured and respected (Gálvez, 2006). This magical vision of women was initially represented by images of Venus, as beautiful beings with large breasts and prominent bellies, referring to procreation and the divinity of fertilisation (Collazo, 2005). From that moment on, women maintained their role within communities as loyal beings to the family, which at that time included not only the family nucleus as we know it today, but also all members of the community who became one with their environment.

With the arrival of the Spanish, cultural and religious impositions relegated the divinity of women to the background, viewing them as treasures subjugated by men (Pastor, 2010). Colonisation represented a form of repression and cultural imposition, depriving communities of their

origins, which made them one with their environment (Quijano, 2000). Indigenous communities abandoned their individual identities to become part of a larger entity: New Spain. In this new era, the roles of men and women remained similar, but seen from a different, darker lens: men went from being providers and protectors to oppressors and "strong machos". In contrast, women went from being honoured for their motherhood and family loyalty to being subordinate objects confined under male dominance (Pastor, 2010).

The religious imposition of colonisation led to the image of women being reflected in the ideal of the Virgin Mary, mother and protector of all Catholic believers, as a representation of purity and chastity. The image of the Virgin Mary replaced the worship of Tonantzin, the mother of the gods, by indigenous communities when, according to Catholic discourse, Mary was seen in the Tepeyac area by an indigenous man as a divine apparition (Pastor, 2010). After this and various apparitions throughout the world, the Marian Zodiac was consolidated by the Jesuit Francisco de Florencia at the end of the 17th century, where these apparitions were compiled to honour them and be a symbol of hope to which one should pray in times of uncertainty (Pastor, 2010). Women were expected to be submissive and condescending, just as Mary was in her time, dedicated to being the Mater Dolorosa, the representation of the sorrows that her son, the man, had to endure behind his silent and steadfast image in the face of adversity (Álvarez, 2018; Stevens, 1973). From this point on, women could only have two responsibilities within society: family or religion.

Within the family, women were expected to relinquish their autonomy in matters of education and finances, remaining within reach of men's needs. These roles within the family and marriage, which were previously merely beliefs, were consolidated by the Council of Trent, where the Catholic Church established that men retained authority over women, leaving them as bodies responsible for reproduction and not as autonomous persons (Álvarez, 2018; Pastor, 2010). This regulation of marriage not only modified women's role within the family and society, but also altered their perception of themselves and their sexuality, since they were not supposed to feel pleasure and were only supposed to serve as objects to satisfy the sexual and reproductive needs of men (Álvarez, 2018). Subsequently, marriage was regulated by Civil Codes in the years 1850, 1870 and 1884, where it continued to be established that men should protect and women should obey, depriving them of their legal capacities and regulating their rights against them (Álvarez, 2018).

Now, if a woman did not fulfil her socially accepted destiny of marriage, she had to dedicate her life to religion. There were monasteries and congregations that sought to instruct on spiritual matters and on the importance of the purity and chastity of women, referring to the Virgin

Mary. However, the same religion divided the image of women into a marked ambivalence: the purity of Mary and the sin of Eve. It was said that the image of Eve was a symbol of the "bad woman", who ignored man's commands and succumbed to her inner impulses; while Mary was a symbol of the "good woman", attentive and loyal to man and setting her own needs aside (Álvarez, 2018). Hence, the bias of these monasteries to instil only the image of Mary as the ideal of womanhood and to punish the image of Eve.

By 1973, Evelyn Stevens compiled (Stevens, 1973) the entire history described above. She grouped the concept of woman into a word that could be the counterpart of machismo as a social construct of man: marianismo. Why? Colonisation had a significant influence on community beliefs, promoting religion as a social regulation. Within this religion, women were expected to be the living image of the Virgin Mary. In her research, the representation of Mary in women was found to be based on five pillars: family, chastity, subordination, silence, and spirituality. Women were to dedicate themselves to the needs of the family over their own needs, they were to remain pure and chaste until marriage, they were to comply with the desires of men, they were to agree with the opinions of others even if they were not their own, and they were to present themselves as a calm and spiritually superior being before the public. With this, marianismo would become the most complete definition of the role of women in society, being the subject of debate as to whether it is a concept for or against women's health.

In 2014, derived from a sexual and reproductive health intervention project with Mexican indigenous women (Sanjuan-Meza et. al., 2019), in one of the workshop sessions, they were asked what it meant to be a woman (see Table 1), finding that for them, being a woman is defined through responsibility, constant work and caring for children and family. Motherhood, patience and sacrifice appear as central virtues, valued both by women themselves and by the community. This perception is linked to the ideals of marianismo, where self-denial and the role of caregiver are exalted as essential traits of femininity. However, they also function as an axis of recognition, pride and belonging within their communities. Similarly, the intervention was conducted with a group of women in an urban area (see Table 2), where the testimonies show that the meaning of being a woman is still associated with motherhood and family care, but with different nuances: being a mother remains central, accompanied by notions of autonomy, creativity, and personal enjoyment. Women are described as capable of doing everything, while at the same time, the ability to take care of their bodies and sexuality is valued. This urban perspective reflects how marianismo adapts: the maternal aspect remains at its core, but it is combined with modern ideals of self-sufficiency and the enjoyment of femininity.

Table 1: Testimonies of indigenous Mexican women from different communities, in response to the question: What does it mean to be a woman?

Community	Testimony
El Brasil	"Valuable" (drawn with a heart)
	"Fulfilling responsibilities with my children, my home, and being respected for who I am, being listened to, and being happy"
	"Being responsible with my husband and raising my children, valuing myself as a woman"
	"Be responsible; help my husband, my children, and my neighbours, whoever asks me for a favour; be united and happy"
	"A highly valued person"
Lejem	"Do good so that we may do well"
	"I have a lot of work and responsibility for our children"
	"We are responsible for our children, how we feed them, and their behaviour"
	"Happy, I feel proud"
Tanjasnec	"Who gives joy to man and children, so that the family feels the warmth of a woman"
	"The pillar of a family; the most beautiful thing God left on earth"
	"It is very special because my children make me happy, as does my husband and my entire family; I dedicate myself to taking care of them every day and doing a lot of housework"
	"Something nice because I can take care of my daughter, and I can support my family"
Tocoy	"Take care of my family and clean the house to be healthy"
	"Be responsible with our children to get ahead in school so they can become someone in life"
	"Responsibility and being an example for our children"
	"Have a lot of responsibility and always try to be happy and take good care of your family"
	"Hardworking, responsible for my body and kind"
	"Being a housewife is a lot of work; I take care of my children and my husband every day"

Table 2: Testimonies of Mexican women in an urban context, in response to the question: What does it mean to be a woman?

➢ "Being a mother and grandmother, a happy person"
➢ "Being a 'jack of all trades'" (in charge of and capable of everything)
➢ "Despite my gender, I prove that I can do anything"
➢ "Take care of my sexuality"
➢ "Take care of my body"
➢ "You can give life and be flirtatious"
➢ "I can put on makeup and look better"
➢ "It allowed me to be a mother"

When comparing the voices of rural and indigenous women with those of urban women, it is observed that motherhood and family responsibility remain at the core of what it means to "be a woman". In rural communities, this role is described in terms of constant work, sacrifice, and service to children, partners, and the community, entirely in line with the marianist values of selflessness and care. In contrast, in urban contexts, although motherhood remains a central focus, an element of autonomy is added, where the pursuit of one's sexuality and enjoyment of one's body is sought. Thus, while in rural areas the vision of duty and devotion predominates, in urban areas the maternal dimension is combined with the pursuit of autonomy and personal enjoyment.

This contrast reveals how marianismo does not disappear, but instead transforms and adapts to sociocultural conditions, maintaining the centrality of the maternal role but with differentiated meanings. Furthermore, given the dates of both interventions, we can highlight that the concept of marianismo continues to prevail today, adapting to the context.

Marianismo on Women´s Health

When analysing the concept of marianismo and what it means to be a woman in society, the question may arise about who cares for the caregiver; that is, what about women's health? Marianismo encourages women to be subservient and put the needs of others above their own, in addition to exerting constant pressure on women to fulfil the ideals they must meet to be seen as "the good woman" or "the good mother."

Historically, the role of women in Latin America was not limited to the domestic sphere, but expanded to include community health initiatives. Women were midwives, healers, and custodians of ancestral medicinal knowledge, making them fundamental agents for the preservation of life. Within the framework of marianismo, this role was redefined as a "natural gift" of service and dedication, consolidating the stereotype that caregiving is inherently feminine (Servan-Mori, 2025).

However, this role is double-edged. On the one hand, it guarantees the transmission of health practices and the creation of community support networks that remain central in rural and indigenous contexts today. On the other hand, it obscures women's need to care for their own health by always prioritising others and normalising their sacrifice as part of a woman's duty. The question "who cares for the caregiver?" remains relevant in contemporary health systems, where women, despite their role as primary caregivers, face inequalities in access to medical services and have a high burden of illnesses related to stress, depression, and anxiety (Corona, 2014); this is coupled with limited or no access to training and employment opportunities that would allow them to fulfill their own aspirations, if at all.

Marianismo on the "Myth of Motherhood"

Marianismo imposes a standard of the "perfect mother" that can rarely be met without psychological consequences. The famous "myth of motherhood" (Constantinou, 2020), along with the demand to sacrifice personal projects, hide discomfort, and live for the benefit of others, generates feelings of guilt and frustration that have been associated with depression and anxiety. A study conducted in Mexico and Spain (Juárez et al., 2020) reported a prevalence of prenatal depression of 20.3% and 10%, respectively, associated with factors such as having an unplanned pregnancy, lack of family emotional support, marital dissatisfaction, and financial or marital stress. As noted in this study, Mexico has twice the prevalence of prenatal depression compared to Spain, the latter of which was the coloniser of Mexico.

Silence and public resilience[1], exalted as marian virtues, actually hinder the expression of emotional needs and early access to psychological care. However, a significant difference has been observed between feelings of guilt and shame, and how each generates a different impact on women's mental health. Feeling "guilt" represents a woman's own punishment for a specific wrongdoing; conversely, feeling "shame" represents a woman's feeling of collective punishment from society against her, rather than for a specific action (Constantinou, 2020). Therefore, women who feel shame tend to have higher rates of depression and other mental health disorders than women who feel guilt. Equally important, these feelings of guilt and shame have also been linked to a sense of individualism and loneliness, with the WHO declaring it a global public health problem that can have health repercussions equivalent to smoking 15 cigarettes a day (Johnson, 2023).

In Mexico, recent studies show that the prevalence of depression in women is twice that of men, with peaks during critical reproductive stages such as the postpartum period (Borges, 2015). This vulnerability is not understood solely from a biological perspective, but as a product of cultural mandates that sanction any deviation from the maternal ideal. The "good mother" should not complain; she should endure and put the happiness of her children and husband before her own. This same dedication, body and soul, to the happiness and needs of the family, causes women to reduce their value to simply a machine seeking the well-being of others. From this perspective, women set aside their ambitions and goals because they conflict with the ideal of prioritising the well-being of their family. Lacking this conviction leads them to perceive themselves as "bad women" or "bad mothers" (Meeussen, 2018).

1 In this article, "public resilience" is understood as the socially imposed capacity to show strength and serenity in front of others, hiding emotional discomfort to fulfill the Marian ideal of sacrifice and silence (Gilligan, 1982; De la Torre, 2016).

If we had to summarize what "ideal motherhood" (Constantinou, 2020) is related to marianismo, we could approach it in five pillars: essentialism, where the woman becomes the most essential person before her children due to her constant presence; satisfaction, where the woman's happiness depends on the happiness of her family, and any negative feelings are not accepted; stimulation, where the woman must be present in the education of her children and be part of the "stimulants" that help them in their development; the central focus on children, where a woman's life should revolve around her children, and any other outside interest is not accepted; and challenge, where motherhood should be viewed as a difficult task that involves "going all out" for her children.

Marianismo on Sexuality

Another area where marianismo has had ambivalent effects is sexual and reproductive health. Since the colonial era, women's sexuality has been focused solely on being a womb for the procreation of humanity and an object to satisfy men's sexual needs (Gálvez, 2006).

Over the years, women's sexuality has evolved to become not only a tool for procreation but also a sense of freedom through pleasure, a constant struggle that continues today. In 1949, Simone Beauvoir stated that "freedom begins in the womb" (Álvarez, 2018), referring to a woman's freedom of choice over her body and her desire for motherhood, separating “women” from “mothers”.

Regarding sexuality as an object solely for pleasure, marianismo suggests ideals contrary to this sentiment, since women should be pure and devoted to putting their man's needs above their own, including sexual needs. For marianismo, and for the Catholic Church of the colonial era, a woman's feeling of pleasure was considered a sin, being a vivid image of Eve's betrayal of her deepest impulses (Ravelo, 2007). This complete surrender of her sexuality to men placed women in a state of vulnerability that put their lives at risk. Since that time, records have been kept of the abuse and violence that women suffered, physically and sexually, in order to satisfy men's needs (Corona, 2014); unfortunately, this phenomenon is still present today. Currently, marianismo continues to represent a barrier to safe sexuality, particularly for indigenous and rural women, as they experience greater barriers to accessing modern contraceptive methods, with a significantly higher unmet need than the rest of the population, due to cultural and religious factors and the limited supply of interculturally appropriate services (CONAPO, 2020). These obstacles impact the intentionality of pregnancy: according to the 2018 National Survey on Demographic Dynamics, among recent births, 18.4% were unplanned at the time and 20% were unwanted (INEGI, 2019). Added to this is the prevalence of obstetric violence, which affects approximately

one in three women, with greater vulnerability in rural and indigenous contexts (Vázquez-Vázquez et al., 2022).

Speaking of sexuality as a tool for motherhood, marianismo offers a selfless image of women in their role as mothers, devoted and focused on the well-being of the family, and particularly of their children. However, marianismo's ideals regarding the decision to become a mother have led to high maternal mortality rates (Marian, 2024). In the mid-20th century, maternal mortality rates in Mexico were close to 200 per 100,000 live births, with even higher rates among rural areas and among less educated women (Aguirre, 1997). Currently, although there has been a significant reduction, with an estimated rate of 33 per 100,000 live births in 2020 (Secretaría de Salud, 2021), challenges persist in rural and indigenous communities, where access to adequate obstetric care remains limited and obstetric violence is a documented phenomenon (WHO, 2019). Recent studies report that between 60 and 70% of Mexican women have experienced some form of obstetric violence during childbirth, especially in rural and indigenous settings (Hernández et al., 2021; Vargas & Morales, 2022). This shows that marianismo's ideals regarding motherhood, which demand fulfilling the maternal role even under adverse conditions, continue to impact the health and safety of many Mexican women, and that today they continue to be victims of inhumane treatment before, during, and after childbirth.

Now, looking at it from another perspective, marianismo could be reinforcing the idea of prenatal care as a fundamental responsibility, which can translate into a strong commitment to medical care during pregnancy and the protection of early childhood. For some women, marianist motherhood represents not only sacrifice, but also social prestige and a sense of purpose (Amaya-Bernárdez et al., 2019).

The Contextual Perception of Marianismo

The impact of marianismo on the mental and reproductive health of Mexican women cannot be understood as a homogeneous phenomenon. Among indigenous communities, marianismo is often integrated into collective worldviews that provide meaning and belonging; in these contexts, the maternal figure acquires prestige as a guarantor of cultural continuity and is not necessarily experienced as oppression. In contrast, in urban and globalised environments, many women perceive marianismo as an obstacle that limits their autonomy and causes emotional overload, due to the conflict between achieving their own aspirations and fulfilling social expectations regarding marriage and motherhood.

To understand the context of marianismo in communities, in 2010, Linda Castillo and colleagues developed a scale that enables the objective measurement of women's perceptions of their role within society in relation

to the ideals of marianismo. This scale (Castillo, 2010) examines the five pillars of marianismo and uses them to measure women's behavior through statements that allow us to understand their perspective of themselves: the family pillar seeks to determine whether the woman feels she does things to make her family happy; the chastity pillar seeks to determine whether she has remained a virgin until marriage; the subordination pillar seeks to determine whether she respects the opinions and meets the needs of the man without refusing; the silence pillar seeks to determine whether she always agrees with what the man says and goes against her own opinions; and the spiritual pillar seeks to determine whether she has supported the spiritual growth of the family. Moreover, accompanied by this scale, in 2018, Tilisky and collaborators applied a scale to Latin values, which not only adopts the scale proposed by Castillo but also takes into account the level of satisfaction of women regarding the fulfilment of these ideals (Tilisky, 2018).

The results of these studies (Castillo, 2010; Tilisky, 2018) found that women have a notion of their role, which has been taught within their community, but that the vast majority were unaware that said role had its own name as a counterpart to machismo, a term they reported knowing. Taking into account the level of satisfaction, the results showed that there is a very marked division regarding the perception of the ideals of marianismo regarding women: for some women, fulfilling this role gives them a sense of belonging and usefulness within their community, while for others it represents a system of oppression that prevents them from enjoying their autonomy.

Now, Castillo's scale has not only allowed us to contextualise the perception of marianismo regarding women, but has also served as an objective instrument that seeks to truly establish which pillars of marianismo are related to factors for and against women's lives. A very clear example is provided in a 2019 study, which established that the pillars of family and spirituality mainly were related to a sense of fulfilment and lower rates of depression in women, while the pillars of chastity, silence, and subordination were related to higher rates of depression and anxiety (Sánchez, 2019). Now, marianismo can be seen not only as an entity, but as a set of aspects that encompass women, each of which plays a crucial role in their perception of themselves in relation to their environment.

Is Marianismo a Risk Factor or a Protective Factor?

The analysis reveals marianismo's paradoxical role in Mexican culture. It functions as a risk factor when internalized as oppressive pressure for sacrifice, leading to increased vulnerability to mental and reproductive health issues. Concretely, the burden of this cultural mandate is reflected in hard data: the prevalence of prenatal depression in Mexico remains higher than

other countries. This ideal of self-denial and submissiveness also exacerbates the structural violence experienced in maternal care, contributing to the high prevalence of obstetric violence, which affects up to one in three women. In sharp contrast, marianismo acts as a protective factor in rural and indigenous contexts, fostering strong community networks and a sense of shared purpose. Objective research supports this duality: the marianist pillars of family and spirituality correlate with a sense of fulfillment and lower rates of depression, while the pillars of chastity, silence, and subordination are directly associated with higher rates of depression and anxiety.

The implications for public health are critical and demand a decolonial and highly nuanced approach. Health policies and interventions must be culturally sensitive and gender-aware. It is imperative to cease the total rejection or absolute idealization of the construct; instead, efforts must focus on mitigating its harmful extremes, such as the restriction of sexual and reproductive autonomy and the normalization of personal suffering, while simultaneously leveraging its community-building and resilience-enhancing dimensions.

From a decolonial perspective, recognizing that women actively redefine this social construct to their contexts is fundamental to designing effective, equitable, and respectful interventions across Mexico. This is not merely a patriarchal imposition, but a cultural framework that can offer support or generate suffering depending on the context.

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